

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10589</u>	2. Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through: <u>12</u> / <u>31</u> / 2004
3. Name and address of person filing. Name <u>Milton</u> <u>O</u> <u>McBreairty</u>  P.O. Box, Bldg., Room No., if any <u>P.O. Box 1289</u>  Street <u>238 Goddard Road</u>  City <u>Lewiston</u>  State <u>Maine</u> ZIP Code + 4 <u>04240</u>	4. Name, file number, and address of labor organization. Name <u>Electrical Workers IBEW AFL-CIO LU 567</u>  Labor Organization File Number <u>016-669</u>  P.O. Box, Building and Room Number, if any <u>P.O. Box 1289</u>  Street <u>238 Goddard Road</u>  City <u>Lewiston</u>  State <u>Maine</u> ZIP Code + 4 <u>04240</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>None</u>     7.b. Amount.     <u>\$0</u>

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Milton O McBreairty

On

8/12/05  
Date

(207) 786-9770  
Telephone Number

Name of Person Filing <u>Milton McBreairty</u>	File Number <u>U-</u>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<b>8. Name and address of Business (including trade name, if any).</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>9. Business deals with:</b>  <div style="margin-left: 20px;"> <input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer         </div>
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	<b>11.a. Nature of such dealing.</b> None  <hr/> <b>11.b. Approximate dollar value of such dealing.</b> \$0  <hr/> <b>12.a. Nature of interest held or income received.</b> None  <hr/> <b>12.b. Amount.</b> \$0

**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <u>New England Electrical Workers Benefits Fund</u>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any <u>P.O. Box 5817</u>  Street _____  City <u>Wallingford</u>  State <u>Connecticut</u> ZIP Code + 4 <u>06492</u>	<b>14.a. Nature of payment.</b>  <u>Filer represents IBEW LU 567 as a trustee of the Local's Health &amp; Welfare Fund. Reimbursements were received by filer for trustee meeting lodging, parking, meals and IFEBP benefits conference registration.</u>
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b> \$1,480

Name of Person Filing Milton McBreairty	File Number U-
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**Part C Continuation Page**

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Money Purchase Retirement Plan - IBEW LU 567  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. Box 1289  Street 238 Goddard Road  City Lewiston  State Maine ZIP Code + 4 04240	<b>14.a. Nature of payment.</b>  Filer is a trustee of the Local's pension plan. Reimbursements were received by filer for air fare, lodging, meals associated with attendance at IFEBP annual benefits conference.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  <div style="text-align: right;">\$2,063</div>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Portland Electrical JATC Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any P.O. 1289  Street 238 Goddard Road  City Lewiston  State Maine ZIP Code + 4 04240	<b>14.a. Nature of payment</b>  Filer is a trustee of the Local's joint apprenticeship and training fund. Reimbursement was received for meals and incidentals during attendance at NTJ in Knoxville, Tennessee.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  <div style="text-align: right;">\$376</div>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	<b>14.a. Nature of payment.</b>         
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  <div style="text-align: right;">-</div>